



Personal Health Information Act (PHIA)

TO: Office of the Information and Privacy Commissioner
Sir Brian Dunfield Building
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P.O. Box 13004, Station A
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Phone: (709) 729-6309 Fax: (709) 729-6500
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For Office Use Only	
Date Stamp:	Received By: Initials: _____ Print Name: _____

Your Contact Information <i>(please print)</i>	
Name of Custodian:	
Your Name:	
Address:	
City/Province:	
Postal Code:	
Daytime Telephone #:	Facsimile #:
Email:	

Details of Incident *
Date breach occurred:
Date breach discovered:
Location of Breach:
Description of Incident:

Details of Incident (continued):

Estimated Number of Individuals Affected:

Actions Taken Following the Incident*

Description of actions taken to contain breach.

Were the affected individuals notified of the incident? If so, please give the date of notification.

Were the affected individuals notified of their right to complain to the OIPC?

Was anyone else notified of the incident (i.e. professional bodies, law enforcement, etc.)? If so, please provide who was notified and when.

**Attach additional pages as required*

(Signature of Custodian or Representative)

(Date)